STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966762	12/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
South Miami Heights Alf	11720 Sw 181 Terrace Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation Survey CCR # 2014011004 was conducted on . South Miami Heights had deficiencies at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review, and interview the facility failed to follow appropriate procedure when assisting Resident #6 with self- administration of medications.

The findings included:

Medication pass observation On at 10:20 AM found Staff B (caregiver) assisting Resident #6 with self-administer of medications. She opened the medication cabinet, read orders on the medication observation record (MOR), punched bingo cards of 10 milligrams (mg) tab Metoprolol 25 mg, g, 325 mg, 20 mg, 40 mg, 20 mg, 300 mg, b 1000 mg, and C 500 mg into the plastic cup with resident 's name on it. Staff took the cup with hands and put it in the resident's mouth.

During an interview on at 1:00 PM the administrator stated that the staff received medication training. She said that this was a... ...ight.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview the facility failed to maintain accurate daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications for 1 out of 6 sampled residents (Resident #5).

The findings included:

Observation on at 9:25 AM showed Staff C (caregiver) was signing the medication observation record (MOR) for Resi...

Review of medication observation record for Resident #5 showed she schedule to take her medications at 8:00 AM in the morning.

During an interview on at 9:30 AM, Staff C stated " She took her medications early this morning but now I am signing the MOR " .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
South Miami Heights Alf
11720 Sw 181 Terrace
Miami, FL 33177

RE: CCR #2014011004

Dear Administrator:

This letter reports the findings of a Complaint Investigation licensure survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, interview, and record review the facility exceeded its licensed capacity of 6 beds. The facility had a census of 7 residents.

The findings included:

Facility record review revealed the facility is licensed for 6-bed capacity.

A general tour of the facility was conducted on at 10:00 AM with the facility staff. During the tour, it was revealed that there were six residents and four daycare participants in the facility.

Record review of the facility's admission and discharge log showed Resident #4 was marked as daycare participant.

Resident ' s #4 record reviewed showed there was a resident contract done on . Progress notes showed Resident #4 was brought into ALF by her family members on at 4:40 PM.

During an interview with the Supervisor of the Long Term Care program on at 9:45 AM stated that the facility is receiving payment for Resident #4 as a facility resident.

During an interview with the facility administrator on at about 1:00 PM stated that Resident #4 was a facility resident. She was admitted in the facility on / . She was admitted as a daycare participant on . She stated "The progress notes were wrong. She was admitted on not in ".

Unclassified Deficiency